

State Water Resources Control Board

OPERATOR-IN-TRAINING APPLICATION FOR WASTEWATER TREATMENT PLANTS

USE THIS FORM ONLY FOR OPERATOR-IN-TRAINING APPLICATIONS

I. CERTIFICATION GRADE AND FEES:

(Check appropriate box)

GRADE I	GRADE II	GRADE III	GRADE IV	GRADE V
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$170	\$230	\$300	\$340	\$340

(Fees are non-refundable.)

II. APPLICANT INFORMATION:

Name: Last: _____ First: _____ Middle: _____

Mailing Address: _____ Apt. #: _____ City: _____

County: _____ State: _____ Zip: _____

☐ Check box if your address has changed.

Telephone: Cell: (_____) _____

Telephone: Home: (_____) _____

Last four digits of your Social Security Number: _____

Date of Birth: _____

Email Address: _____

☐ Check box to receive public notices from the Operator Certification Program.

Are you presently a certified Wastewater Treatment Plant Operator in California?

☐ YES ☐ NO

If YES, Grade: _____ Certificate Number: _____

Employer Name: _____

Employer Address: _____ City: _____ Zip: _____

Employer Telephone: (_____) _____ ext. _____

OFFICE USE ONLY:

Total educational points: _____

Approved for grade: _____

Examination date: _____

Certification issue date: _____

Years of qualifying experience: _____

Certificate expiration date: _____

Chief Plant Operator's cert. exp. date: _____

Signature of reviewer: _____ Date: _____

III. EDUCATION AND TRAINING: (Unless previously provided to the OOC, you must attach documents verifying your education. Please see instructions for more information.)

Did you graduate from High School?

☐ Yes ☐ No

If not, do you possess a GED or equivalent?

☐ Yes ☐ No

University or College-name and location, business, correspondence, trade or service school	Course of Study/Major	Units Completed		Diploma, Degree, or certificate obtained (include date earned)
		Semester	Quarter	

Training Course(s):

Licenses/Certificates:

IV. CURRENT WASTEWATER TREATMENT PLANT EXPERIENCE: (You must provide a copy of your duty statement on official employer letterhead or signed by the Chief Plant Operator (CPO). Attach additional sheets if you currently work at more than one wastewater treatment plant.)

From (MM/DD/YY)	To (MM/DD/YY)	Job Classification/position title:	
Average number of hrs/wk in operations:	Name of Wastewater Treatment Plant:		Name of contract operator (if applicable):
Mailing Address:			Name of owner:

Street Address:

Job Duties:

V. SIGNATURE OF CHIEF PLANT OPERATOR (CPO)

As the undersigned operator, I hereby certify that I am the Chief Plant Operator of the above-named current wastewater treatment plant, and that all facts and statements set forth in this section, are true and correct to the best of my knowledge and belief.

Telephone: () Ext. _____

Print Name: _____ Grade: _____ Certification Number: _____

Original Signature: * _____ Date: _____

***PLEASE SIGN IN BLUE INK.**

VI. PREVIOUS WASTEWATER TREATMENT PLANT EXPERIENCE:

(List each job separately. Attach additional sheets if necessary.)

From (MM/DD/YY)	To (MM/DD/YY)	Job Classification/position title:	
Average number of hrs/wk in operations:	Name of Wastewater Treatment Plant:		Name of contract operator (if applicable):
Mailing Address:			Name of owner:

Street Address:

CPO's Name:

Grade:

Telephone:

()

Ext.

Job Duties:

VII. PRIOR ACTIONS

Has a certifying body or court, for any act associated with performing duties at a facility that treats wastewater in a state other than California, in a territory, or on land under the jurisdiction of an Indian tribe, provided the duties are comparable to the duties of an operator or contract operator at a wastewater treatment plant, ever: taken final action to revoke or suspend your certification or registration; taken final action to discipline or impose administrative civil liability on you or conducted an investigation regarding you; or imposed civil or criminal liability upon you?

☐ Yes ☐ No

If YES, Explain:

VIII. SIGNATURE OF APPLICANT

As the undersigned applicant, I hereby certify that all facts and statements set forth as part of this Operator-in-Training (OIT) certification application are true and correct to the best of my knowledge and belief. I understand that any omissions or misrepresentations may disqualify me and may result in discipline as well as the imposition of civil liability. I authorize the State Water Resources Control Board to conduct a thorough investigation of my employment and education record and other statements for the purpose of verification of my qualifications for OIT certification. I acknowledge that OIT Certification fees are non-refundable.

Print Name: _____ Original Signature:* _____ Date: _____

*PLEASE SIGN IN BLUE INK.

INSTRUCTIONS FOR WASTEWATER TREATMENT PLANT OPERATOR-IN-TRAINING CERTIFICATION APPLICATION

I. CERTIFICATION GRADES AND FEES

Check the box of the Grade level for which you are applying. Attach a check or money order for the appropriate fee made payable to: **"State Water Resources Control Board ."** (Please note that fees are nonrefundable. (See California Code of Regulations, title 23, division 3, chapter 26 (Operator Certification Regulations), § 3717, subd. (a).)

II. APPLICANT INFORMATION

Provide all of the requested information. Please notify the Office of Operator Certification (OOC) immediately if your contact information changes. The OOC must be able to notify you in case there are any questions regarding your OIT certification application.

Pursuant to the Federal Privacy Act of 1974 (Public Law 93-579), you are hereby notified that it is mandatory to provide the last four digits of your social security number. Failure to provide the requested information will result in denial of the OIT certification application. The last four digits of the social security number will be used by the State solely for the purpose of identifying the certificate holder. Applicants have the right to inspect records containing personal information maintained by the State Water Board.

III. EDUCATION AND TRAINING

Unless previously provided to the OOC, you must attach documents verifying your education, including:

- Verification of high school graduation or equivalent.
- Copies of college transcripts, grade cards, or certificates of completion for courses related to wastewater treatment to verify completion of education requirements.
- Copies of all wastewater treatment, science, or management courses that you have completed. **You will only be given credit for training courses that you have completed. You will not be given credit for courses that you are currently attending or are signed up to attend.** The OOC must review and approve all courses.

EDUCATIONAL POINTS – [Operator Certification Regulations, § 3685.]

- (a) Pursuant to the provisions of this article, applicants may be required to obtain educational points to qualify for certification. Operators may receive educational points for completing wastewater treatment courses or science courses as follows.
- (1) One three-unit semester course completed as part of the curriculum of an accredited college or university is equal to eight educational points. Operators who have completed courses that result in more or less than three units or in quarter units rather than semester units shall be credited with educational points on a prorated basis.
 - (2) One Continuing Education Unit awarded by a professional association or other nonprofit private or public agency is equal to one educational point.
 - (3) For any other course given approval by the Office of Operator Certification, ten classroom hours are equal to one educational point.
- (b) At Grades III, IV, and V, operators may earn up to sixteen educational points for completing management courses. An operator may not earn more than four educational points in each type of management course. Educational points for a management course may be earned as follows:
- (1) One completed three-unit semester course that is part of the curriculum of an accredited college or university is equal to four educational points. Operators who have completed courses that result in more or less than three units or in quarter units rather than semester units shall be credited with educational points on a prorated basis.
 - (2) Two Continuing Education Units awarded by a professional association or other nonprofit private or public agency are equal to one educational point.
 - (3) For any other course given approval by the Office of Operator Certification, twenty classroom hours are equal to one educational point.
- (c) Applicants may not substitute experience for educational points.

IV. & V. CURRENT WASTEWATER TREATMENT PLANT EXPERIENCE

Provide the requested information for each wastewater treatment plant at which you currently work or at which you will work after you receive your OIT certificate. Attach additional sheets if you currently work at more than one wastewater treatment plant.

You **MUST** provide a copy of your duty statement on official letterhead or signed by the Chief Plant Operator (CPO).

Provide your CPO's phone number, grade level, and certificate number. Your application **MUST** include the CPO's **ORIGINAL** signature and date in blue ink.

VI. PREVIOUS WASTEWATER TREATMENT PLANT EXPERIENCE

List all of your previous wastewater treatment plant experience. List each job separately. Attach additional sheets if necessary.

**INSTRUCTIONS FOR WASTEWATER TREATMENT
PLANT OPERATOR-IN-TRAINING CERTIFICATION APPLICATION**

(Continued)

VII. PRIOR ACTIONS

Check the box whether a certifying body or court, for any act associated with performing duties at a facility that treats wastewater in a state other than California, in a territory, or on land under the jurisdiction of an Indian tribe, provided the duties are comparable to the duties of an operator or contract operator at a wastewater treatment plant, ever: taken final action to revoke or suspend your certification or registration; taken final action to discipline or impose administrative civil liability on you or conducted an investigation regarding you; or imposed civil or criminal liability upon you?

If the answer is yes, you must provide an explanation. Attach additional sheets if necessary.

VIII. SIGNATURE OF APPLICANT

The application submitted to the OOC **MUST** include your **ORIGINAL** signature and date in **blue ink**. Please make a copy of your complete application for your files. Mail the original completed application package and application fee to:

**State Water Resources Control Board
Office of Operator Certification
P.O. Box 944212
1001 I Street, 17th Floor
Sacramento, CA 94244-2120**

Direct any questions concerning this application to: (916) 341-5819, select #3 or opcertprogram@waterboards.ca.gov.